



Sasiwaans Immersion School



Current Student Registration Form 2016 Summer Session

Student Information Form

School Year: 2016-Summer Session June 13 –July 14 Date:

Student Name: Birthdate: Age:

Student Address: Number/Street Name City State Zip

Phone: (XXX) XXX-XXXX Primary Instructor:

EMERGENCY CONTACT: In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact either emergency contact listed below. If it is impossible to contact these sources; Sasiwaans will contact appropriate Tribal or non-Tribal authorities.

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

ADULT RELEASE: Children will be released to Parents/Guardians (following court order as applicable), Adults residing in the home and individuals listed as Emergency Contacts. Please list any other adults your child can be released to. Children will **NOT** be released to any other individuals other than those listed.

(1) Name:	(2) Name:
Relationship to Child:	Relationship to Child:
Cell Phone:	Cell Phone:
(3) Name:	(4) Name:
Relationship to Child:	Relationship to Child:
Cell Phone:	Cell Phone:

Parent/Guardian Signature **Date**
By signing I understand that the Summer Session is an extension of the 2015-16 school year and all rules, regulations, and policy acknowledged by me for the regular school year are applicable to the summer session

OFFICE USE ONLY			
Date Received:	Received By:	Date Paid:	Receipt: